WAUNAKEE MANOR HEALTH CARE CTR

301 KLEIN DR

WAUNAKEE	53597 Ph	one:(608) 849-5015	5	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	njunction with Hos	pital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds	Set Up and Staff	ed (12/31/04):	104	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity (12	/31/04):	104	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31/04	:	94	Average Daily Census:	94

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)						
Home Health Care	No	 Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	47.9	
Supp. Home Care-Personal Care	No					1 - 4 Years	35.1	
Supp. Home Care-Household Services	Supp. Home Care-Household Services No Developmenta		0.0	Under 65	1.1	More Than 4 Years	17.0	
Day Services	No	Mental Illness (Org./Psy)	42.6	65 - 74	8.5			
Respite Care	Yes	Mental Illness (Other)	20.2	75 - 84	22.3		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.9	*********	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.1	95 & Over	19.1	Full-Time Equivalent	5	
Congregate Meals No		Cancer	r 3.2 Nursing Staff		Nursing Staff per 100 Res	f per 100 Residents		
Home Delivered Meals	No	Fractures	6.4	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	4.3	65 & Over	98.9	İ		
Transportation	No	Cerebrovascular	13.8			RNs	4.6	
Referral Service	No	Diabetes	1.1	Gender	%	LPNs	8.4	
Other Services	No	Respiratory	1.1			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	5.3	Male	28.7	Aides, & Orderlies	32.2	
Mentally Ill	No			Female	71.3			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	No			İ	100.0			
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Method of Reimbursement

	Medicare (Title 18)						Private Pay			Family Care			Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	3.1	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	12	100.0	330	30	93.8	120	0	0.0	0	46	92.0	170	0	0.0	0	0	0.0	0	88	93.6
Intermediate				1	3.1	99	0	0.0	0	4	8.0	160	0	0.0	0	0	0.0	0	5	5.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		32	100.0		0	0.0		50	100.0		0	0.0		0	0.0		94	100.0

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WAUNAKEE MANOR HEALTH CARE CTR

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of $12/31/04$										
Deaths During Reporting Period								-				
					% Needing		Total					
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of					
Private Home/No Home Health	1.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	2.5	Bathing	2.1		87.2	10.6	94					
Other Nursing Homes	1.5	Dressing	21.3		68.1	10.6	94					
Acute Care Hospitals	85.7	Transferring	21.3		68.1	10.6	94					
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.3		61.7	17.0	94					
Rehabilitation Hospitals	0.0	Eating	75.5		16.0	8.5	94					
Other Locations	8.9	******	******	*****	*****	*******	******	ŧ				
Total Number of Admissions	203	Continence		8	Special Treatr	ments	%					
Percent Discharges To:		Indwelling Or Externa	al Catheter	9.6	Receiving Re	espiratory Care	3.2					
Private Home/No Home Health	14.1	Occ/Freq. Incontinent	t of Bladder	55.3	Receiving Tr	racheostomy Care	1.1					
Private Home/With Home Health	20.0	Occ/Freq. Incontinent	t of Bowel	53.2	Receiving St	uctioning	0.0					
Other Nursing Homes	2.4				Receiving Os	stomy Care	5.3					
Acute Care Hospitals	25.9	Mobility			Receiving Tu	ıbe Feeding	2.1					
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	3.2	Receiving Me	echanically Altered Die	ts 54.3					
Rehabilitation Hospitals	0.0					_						
Other Locations	20.0	Skin Care			Other Resident	Characteristics						
Deaths	17.6	With Pressure Sores		5.3	Have Advance	e Directives	0.0					
Total Number of Discharges		With Rashes		2.1	Medications							
(Including Deaths)	205				Receiving Pa	sychoactive Drugs	71.3					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	% Rati		Ratio	%	Ratio	% Ratio		%	Ratio
Output Debut Description Debut Grant (Tringer of Debut	00.4	00 5	1 00	00.0	1 00	00 5	1 00	00.0	1 00
Occupancy Rate: Average Daily Census/Licensed Beds	90.4	88.5	1.02	90.2	1.00	90.5	1.00	88.8	1.02
Current Residents from In-County	94.7	80.0	1.18	82.9	1.14	82.4	1.15	77.4	1.22
Admissions from In-County, Still Residing	22.2	17.8	1.24	19.7	1.12	20.0	1.11	19.4	1.14
Admissions/Average Daily Census	216.0	184.7	1.17	169.5	1.27	156.2	1.38	146.5	1.47
Discharges/Average Daily Census	218.1	188.6	1.16	170.5	1.28	158.4	1.38	148.0	1.47
Discharges To Private Residence/Average Daily Census	74.5	86.2	0.86	77.4	0.96	72.4	1.03	66.9	1.11
Residents Receiving Skilled Care	94.7	95.3	0.99	95.4	0.99	94.7	1.00	89.9	1.05
Residents Aged 65 and Older	98.9	92.4	1.07	91.4	1.08	91.8	1.08	87.9	1.13
Title 19 (Medicaid) Funded Residents	34.0	62.9	0.54	62.5	0.54	62.7	0.54	66.1	0.52
Private Pay Funded Residents	53.2	20.3	2.62	21.7	2.45	23.3	2.29	20.6	2.59
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	62.8	31.7	1.98	36.8	1.71	37.3	1.68	33.6	1.87
General Medical Service Residents	5.3	21.2	0.25	19.6	0.27	20.4	0.26	21.1	0.25
Impaired ADL (Mean)	41.7	48.6	0.86	48.8	0.85	48.8	0.85	49.4	0.84
Psychological Problems	71.3	56.4	1.26	57.5	1.24	59.4	1.20	57.7	1.24
Nursing Care Required (Mean)	9.2	6.7	1.37	6.7	1.37	6.9	1.33	7.4	1.23